

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568010

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.

1	1		1			
2		1		1		
3		1		1		
4			1			
5		3		1		
6	1		7			
7		1		1		
8			1			
9		3		1		
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TOTAL IND.

3

TOTAL DEP.

7

TOTAL CLAIMS

10

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.

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TOTAL IND.

3

TOTAL DEP.

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TOTAL CLAIMS

10